

the available caregivers. For this reason it is highly probable that patients would be reluctant to express their opinions about the care given and when particularly stressed may well not remember what they are told or shown (such as at the time of admission).

The research staff attempted to deal with the observer problem by tightening up the criteria statements to maximize observer objectivity and to minimize the need for observer interpretation. Future research efforts might well be directed toward determining whether the observer problem is symptomatic of too great a discrepancy between an ideal conceptualization of nursing and the real state of the art. The authors are to be commended for the well conceptualized and executed research plan.

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**Preventive Medicine USA: Theory, Practice and Application of Prevention in Environmental Health Services—Social Determinants of Human Health.** New York: Prodist, 1976. viii + 146 pp. \$3.75.

"Improvement in the health status of the American people will depend, in great measure, on the design and application of programs which place major emphasis on preventive aspects of human disease." Thus opens the preface to a small volume with a very long title.

The book itself provides a synoptic view by a group of well-known experts in two major and interrelated fields, environmental health and social determinants of health. This group was brought together under the auspices of the John E. Fogarty International Center for Advanced Study in the Health Sciences of the National Institutes of Health and the American College of Preventive Medicine. In all, over 300 specialists participated in the preparation of documents that became the basis for eight task force reports. These were reviewed at a national conference on preventive medicine in June 1975, and a consensus was reached which is presented in this book as the work of two task forces. (How eight task forces were reduced to two is not made clear.)

The two sections of the book, although clearly related, suffer somewhat from the dichotomy. The stated goal of the environmental half is to "examine the role of environmental factors in disease, to aid in redefining priorities in preventive medicine," while that of the social part is to "describe concisely some of the major social determinants of health in the United States today, and to indicate some of the implications of these for the prevention of disease."

For example, finding 5 of the environmental health task force is: "In numerous instances where individual behavior has been clearly identified with disease, e.g., cigarette smoking, diet, and alcohol abuse, current techniques for achieving prevention by bringing this information to general attention have failed. Far more effective and reliable techniques for changing health related behavior of the public

are required." The recommendation flowing from this finding is: "A major effort is required to develop improved techniques for achieving awareness of, and effective response to, dangers from such sources of ill health and death as cigarette smoking." Social task force recommendation 4 states: "The factors that govern exposure to many physical agents that cause disease, such as alcohol, tobacco, accidents, and infectious agents, can be understood only if the social phenomena that help to determine the exposure of people to these agents are understood. The diseases caused by these agents can be controlled only if the social phenomena that lead to their occurrence can be controlled."

Perhaps the most important results of this endeavor are the eight findings and recommendations of the environmental health task force which apply to the whole spectrum of environmental and social determinants of health. Recommendation 1 of this task force reads:

A. The Secretary of the Department of Health, Education, and Welfare should appoint an ad hoc commission to review existing priorities and program commitments in environmental health within the Department. The commission should give the Secretary specific recommendations for ensuring that DHEW gives appropriate support for environmental health programs congruent with present health patterns and priorities.

B. The Secretary of the Department of Health, Education, and Welfare should take the initiative in convening an interagency committee to examine and to make determination as to the appropriate allocation of responsibility for the conduct of research on the health effects of environmental agents. This committee should take into account the distinction between (a) the development of understanding of the nature and the impact of environmental factors on health, and (b) the research immediately supporting enforcement and monitoring.

This recommendation is of particular significance in the light of two recent pieces of legislation, the Safe Drinking Water Act of 1974 and the Toxic Substance Act of 1976. In an area of great impact on the health of the nation it is imperative that limited resources be utilized synergistically rather than merely in parallel fashion.

As would be expected from a compendium with many contributors, the book exhibits a certain unevenness. For example, the major problems or possible problems presented by the use of chlorofluorocarbon propellants and their consequences (this prior to the report of the National Academy of Sciences-Tukey Committee) and the predicted global effects of operation of jets in the stratosphere are discussed in two short paragraphs. That is not as unsettling as the questionable prediction that operation of jets in the stratosphere will have a global effect: "A similar action to that of the halohydrocarbons whereby nitrogen oxides reduce the ozone layer and thereby increase ultra violet penetration to earth with possible increase in skin cancer." Actually, a National Academy of Sciences committee concluded, after detailed study, that it would require 100 Concorde supersonic jets flying continuously to result in a reduction of 0.5 percent, a reduction that is barely measurable and well within the "noise" range.

It should be noted that the eight original task force reports were

used as the basis for the prevention theme of the DHEW *Forward Plan for Health, 1976-1980* and that the task force recommendations were considered for appropriate implementation in programs.

The book is a worthwhile volume for any public health practitioner to own. If it leads to a closer and more effective relationship between environmental health and social scientists that encourages better definition and consequently increased prevention, so much to the good. I am afraid that the tendency is still for each of us to read that which is "his." However, it may be that the proximity of the two parts of this book will allow an osmotic transfer, and the price (\$3.75) is right.

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## BOOK NOTES

**Assuring Quality in Medical Care: The State of the Art.** Richard Greene. Cambridge, MA: Ballinger, 1976. xv + 293 pp. \$17.50.

Numerous individuals have been devoting themselves to the study of methods for achieving better care. The present volume brings these efforts together and summarizes them; ample ideas are also contributed by the author(s). In large measure it updates Avedis Donabedian's book, *A Guide to Medical Care Administration, Vol. 2: Medical Care Appraisal*, adding to it the recent contributions of John Williamson (health accounting), David Kessner (tracers), Clement Brown (bi-cycle concept), and other modern investigators. The book is divided in two parts, the way the field is—quality assessment and quality assurance.

After acknowledging the difficulty of defining quality in medical care, the book settles for the recent policy statement from the Institute of Medicine, National Academy of Sciences:

The primary goal of a quality assurance system should be to make health care more effective in bettering the health status and satisfaction of a population, within the resources which society and individuals have chosen to spend for that care.

The three types of data commonly used for assessing quality of care—structure, process, and outcome (Donabedian's classification)—are discussed in their presently sharpened form, including their advantages and disadvantages and the sources of data—records, interviews, observations—that are best tapped for each.

Such techniques as utilization review, medical care evaluations, and profile monitoring serve to illustrate choices of methodological strategies. Methods to be used for such situations as psychiatry and special diagnostic tests are also covered. Review of a number of studies of physicians at work leads to the conclusion that "poor decision-making among a cross-section of physicians did not arise most often from failure to keep up with modern advances in complicated dis-